



斐京華僑公學

Pretoria Chinese School

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CONSENT TO PERFORM DRUG TEST (Applicable for Grade 7-12 only)

I/we the undersigned,

_____ (Full Names and Surname)

Being the Parent/Guardian of _____ (Full Name and Surname)

Do hereby give permission to the Pretoria Chinese School to carry out a random drug test on my child whenever necessary on condition that the School informs me telephonically.

I/we accept that all reasonable precautions will be taken to ensure the safety and welfare of my child and that Pretoria Chinese School shall be responsible for the costs of such tests. I/we specifically indemnify and hold Pretoria Chinese School and its entire staff harmless against any claims of whatsoever nature arising out of injury, damage or loss sustained.

The school should however please note the following (please state medical aspects the staff should be aware of e.g. allergies, tendency towards abnormal bleeding, epilepsy, etc). Please list any medication being used regularly.

I/we understand that this form remains in effect until matriculation and/or withdrawal from the School.

Signature of Parent/Guardian

Identity Number

Date

Signature of Learner

Identity Number

Date